

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000010340 (5)**

1. Corporation Name

J.R.A. RACING, INC.

Principal Place of Business

Mailing Address

**1320 S DIXIE HWY
SUITE 275
CORAL GABLES FL 33146**

**1320 S DIXIE HWY
SUITE 275
CORAL GABLES FL 33146**

FILED

97 FEB 10 AM 11:28

SECRETARY OF STATE



REINSTATEMENT

mw8

96

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1644 Tigertail Ave.		26 1644 Tigertail Ave.		02/02/1994		04/06/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Coconut Grove, FL		28 Coconut Grove, FL		65-0465799		Not Applicable	
24 33133		25 USA		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
26 33133		27 USA		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
28 33133		29 USA		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
30 33133		31 USA		10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent				81 Name			
POLLACK, GARY W 1320 S DIXIE HWY SUITE 275 CORAL GABLES FL 33146				Jorge R. Arellano			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1644 Tigertail Avenue			
				83			
				84 City			
				Miami			
				FL			
				85 Zip Code			
				33133			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARELLANO, JORGE			1.2 NAME	Jorge R. Arellano		
STREET ADDRESS	1320 S DIXIE HWY SUITE 275			1.3 STREET ADDRESS	1644 Tigertail Avenue		
CITY-ST-ZIP	CORAL GABLES FL 33146			1.4 CITY-ST-ZIP	Miami, FL 33133		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME	900002085929--5		
STREET ADDRESS				3.3 STREET ADDRESS	-02/12/97--01127--005		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	***375.00 ***375.00		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jorge R. Arellano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 30 97
Date

856-9519
Daytime Phone #

CR2E034 (3/96)